

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 691676 104	FILING DATE 09-27-80					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2							52	/					
3		/					53	/					
4		/					54	/					
5	/						55	/					
6	/						56	/					
7	/						57	/					
8		/					58	/					
9		/					59		2				
10		/					60						
11	/						61						
12		/					62						
13		/					63						
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40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.	18						TOTAL IND.						
TOTAL DEP.	42						TOTAL DEP.						
TOTAL CLAIMS	60						TOTAL CLAIMS						